## MICHIGAN DEPARTMENT OF COMMUNITY HEALTH MICHIGAN CANCER SURVEILLANCE PROGRAM

## **CANCER REPORT**

## PLEASE TYPE OR PRINT ☐ NEW ■ UPDATE 1a. NAME OF PATIENT (FIRST) 1b. (MIDDLE) 1c. (LAST) 2. NAME BEFORE FIRST MARRIED 3. ALIAS NAME 4. SOCIAL SECURITY NUMBER 5a. ADDRESS OF PATIENT AT DIAGNOSIS NUMBER AND STREET **5b. CITY AT DIAGNOSIS** 5c. STATE AT DIAGNOSIS 5d. ZIP CODE AT DIAGNOSIS 6. SUPPLEMENTAL ADDRESS (FACILITY NAME OR APARTMENT COMPLEX) 7. COUNTY AT DIAGNOSIS 8. DATE OF BIRTH (MM/DD/YYYY) 9. BIRTHPLACE (STATE OR COUNTRY) 10. SEX 11. RACE - AMERICAN INDIAN, BLACK, WHITE, ETC. (IF ASIAN GIVE NATIONALITY, I.E. 12. HISPANIC ORIGIN 1 - MALE 4 - TRANSSEXUAL CHINESE, FILIPINO, ASIAN INDIAN, ETC ) 2 - FEMALE 9 - NOT STATED 0 - NO 3 - OTHER (HERMAPHRODITE) 9 - UNKNOWN 13. MARITAL STATUS 14a. OCCUPATION 14b. INDUSTRY 15. TOBACCO USE 16. ALCOHOL USE 1 - SINGLE 3 - SEPARATED 5 - WIDOWED CURRENT USE CURRENT USE 2 - MARRIED 4 - DIVORCED 9 - UNKNOWN PRIOR USE PRIOR USE NEVER USED NEVER USED 18a. FAMILY HISTORY OF CANCER? 19. ACCESSION NUMBER AND SEQUENCE NUMBER 17. CO-MORBIDITIES (ICD-9-CM CODES) 18b. IF YES, IMMEDIATE FAMILY MEMBER? YES No 18c. IF YES, SAME ANATOMICAL SITE? YFS No 20. CLASS OF CASE 21. MEDICAL RECORD NUMBER 22. LABORATORY RECORD NUMBER O - DX HERE, RX ELSEWHERE 3 - RX ELSEWHERE 6 - DX & RX IN DR OFFICE 9 - UNKNOWN 1 - DX & RX HERE 4 - RX HERE PRIOR 7 - PATH REPORT ONLY 2 - RX HERE 5 - DX AT AUTOPSY 8 - DEATH CERT ONLY 23. CASE FINDING SOURCE 24a, PRIMARY ANATOMICAL SITE 10 - REPORTING HOSPITAL NOS 29 - OTHER HOSPITAL SOURCE 20 - PATH DEPT REVIEW 30 - DR INITIATED CASE 21 - DAILY DISCHARGE REVIEW 40 - CONSULT ONLY/PATH ONLY (NOT ABSTRACTED BY REPORTING HOSPITAL) 22 - DISEASE INDEX REVIEW 50 - INDEPENDENT PATH/LAB REPORT 23 - RADIATION DEPT 60 - NURSING HOME INITIATED 24 - LAB REPORTS 70 - CORONER'S OFFICE RECORD REVIEW 25 - OUTPATIENT CHEMO 24b. PAIRED ORGANS 26 - DIAGNOSTIC IMAGING/RADIOLOGY 90 - OTHER NON-REPORTING HOSPITAL SOURCE 0 - NOT A PAIRED ORGAN 3 - ONE SIDE ONLY, NOS 27 - TUMOR BOARD 95 - QUALITY CONTROL REVIEW 1 - RIGHT 4 - BILATERAL INVOLVEMENT 28 - HOSPITAL REHAB 99 - UNKNOWN 2 - LEFT 9 - UNSPECIFIED 25a. CLINICAL/HISTOLOGICAL DIAGNOSIS - INCLUDE CELL TYPE AND CELL BEHAVIOR IF KNOWN 26. DATE OF HOSPITAL ADMIT (MM/DD/YYYY) 27. DATE OF HOSPITAL DISCHARGE (MM/DD/YYYY) 28. DATE OF INITIAL DIAGNOSIS (MM/DD/YYYY) 25b. TUMOR GRADE 5 - T-CELL 1 - WELL DIFFERENTIATED 3 - POORLY DIFFERENTIATED 7 - NULL CELL 9 - UNKNOWN/NOT STATED 2 - MOD. WELL DIFFERENTIATED 4 - UNDIFFERENTIATED/ANAPLASTIC 6 - B-CELL 8 - NK CELL (NATURAL KILLER CELL) 29. METHOD OF DIAGNOSIS 30. EOD TUMOR SIZE (MM) ACOS ONLY 1 - HISTOLOGY 4 - MICROSCOPIC, NOS 6 - VISUALIZATION 8 - CLINICAL 2 - CYTOLOGY 5 - POSITIVE LAB/MARKER 7 - X-RAY 9 - UNKNOWN

31. GENERAL SUMMA	RY STAGE								
0 – IN SITU	2 - REGIO	NAL DIRECT EXT	4 - REGIONAL DIRECT	& REGIONAL NODES	7 - DISTANT/SYSTEMIC	9 – Unknown	/UNSTAGED		
1 - LOCALIZED	3 - REGIO	NAL NODES	5 - REGIONAL NOS		8 - BENIGN				
32. AJCC STAGE					AJCC EDITION		33. (	S TUMOR SIZE (M	M)
CLINICAL: T	N M	STAGE GI	ROUP DESCR	IPTOR					
PATHOLOGICAL: T	N	M STA	AGE GROUP	PESCRIPTOR					
					_				
34. CS EXTENSION	35.	CS TUMOR SIZI	E/EXT EVAL 36. CS	LYMPH NODES	37. CS REG NODES EVAL	38. CS REG LN	POS 39. 0	S REG LN EXAM	
			-				_		
40. CS METS AT DIAG	NOSIS 41.	CS METS EVAL	42. CS	SITE SPECIFIC FACTO	OR 1 43. CS SITE SPE	CIFIC FACTOR 2	44. 0	S SITE SPECIFIC F	ACTOR 3
45. CS SITE SPECIFIC	FACTOR 4		46. CS SITE SPECIFIC FA	ACTOR 5	47. CS SITE SPE	47. CS SITE SPECIFIC FACTOR 6		48. DATE FIRST THERAPY INITIATED	
							(MM/	DD/YYYY)	
			· <u></u> ·-						
49. REASON NO SURG	ERY	ч.							
0 - CANCER DIRECTED SUR		/IED	2 – CONTRAINDICATED, INCLU	DING AUTOPSY ONLY	7 – PT/GUARDIAN RE	FUSED	9 – unknown		
1 - NOT RECOMMENDED			6 – UNKNOWN REASON, NO SU		8 - SURGERY RECOM				
						,			
50. FIRST COURSE OF	CANCER DIREC	TED THERAPY-	DESCRIBE ALL AND GIVE DATE	FOR EACH THERAPY IF AV	'AILABLE				
				1			I 54 DATE A	BSTRACTED (MM/	DD (VVVV)
51. VITAL STATUS	ATUS 52. IF DECEASED			53. FACILITY			54. DAIL A	BOTTACTED (MIM)	DD/ 1111)
0 - DEAD	52a. STATE OF DEATH 52b. DATE OF DEATH								
1 – ALIVE		(MM/DD/YYYY) 55. ABSTRACTOR NAME			NAME		56. ABSTR	ACTOR TELEPHON	E NUMBER
2 - UNKNOWN									
			the Cancer Reporting			Name an	d Address o	f Physician	
			Completion and Per	nalties as		to contac	t for more i	nformation:	
specified by	Act 82 of 198	34.							
Places ret	ırn to:								
Please return to:									
Michigan Cancer Surveillance Program  201 Townsend - 2 <sup>nd</sup> Floor									
P.O. Box 30691									
Lansing, MI 48909									
Lo		5505							
++CTATE DE									
""SIAIERF	GISTRY USF	ONLY**							
""SIAIE RE	GISTRY USE		Supe/Bas/C	O These /Fee	o Sverrus	Curvo	Upon	Do.,	0
* *SIAIE RE	GISTRY USE	ONLY**	Surg/Rad/Se	Q TRANS/ENI	OO SYSTEMIC N/A	Снемо	HRMN	Вкм	Отн

	Surg	RAD	SURG/RAD/SEQ	TRANS/ENDO	Systemic	Снемо	HRMN	BRM	Отн
CODE					N/A				
DATE			N/A	N/A					